

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American College of Radiology Association

ADDRESS (number and street)

1891 Preston White Drive

☐Check if different  
than previously  
reported. (ACC)

Reston

VA

20191

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343459

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DR Milton Guiberteau

Signature of Treasurer

Electronically Filed by DR Milton Guiberteau

Date

06

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		365524.77
(b) Cash on Hand at Beginning of Reporting Period .....	491946.94	
(c) Total Receipts (from Line 19) .....	130989.50	517873.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	622936.44	883397.99
7. Total Disbursements (from Line 31) .....	66208.23	326669.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	556728.21	556728.21
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Radiology Association

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	115560.46	443741.54
(i) Itemized (use Schedule A) .....	14339.68	68885.90
(ii) Unitemized .....	129900.14	512627.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	129900.14	512627.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1089.36	5245.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	130989.50	517873.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	130989.50	517873.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	3928.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	3928.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		61500.00	313000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		4708.23	9741.78
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		66208.23	326669.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		66208.23	326669.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	129900.14	512627.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	129900.14	512627.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	3928.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	3928.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR John Little Mailing Address 12817 95th Ave NE City Kirkland State WA Zip Code 98034-2764 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Rad. Medical Imaging Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 19972701 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR Ted Wen Mailing Address 5611 Oak Falls Cir City Dallas State TX Zip Code 75287-7528 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Texas Radiology Associates Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 19972704 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR E Stephen Amis, JR Mailing Address Montefiore Med Ctr 111 E 210th St City Bronx State NY Zip Code 10467-2401 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Montefiore Medical Center Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7 <b>Transaction ID:</b> 19984960 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR H Jay Zeskind

Mailing Address 4870 Park Hill Dr

City

West Bloomfield

State

MI

Zip Code

48323-3574

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Radiology Cons-  
ultants, PC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: 19985081

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. DR Anton Hasso

Mailing Address Univ of CA-Irvine Med Ctr  
101 The City Dr S Bldg 20 Rt 140

City

Orange

State

CA

Zip Code

92868-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of CA-Irvine Med Ctr

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

Transaction ID: 19985082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Morris Jackson

Mailing Address 4128 Carla St

City

Nacogdoches

State

TX

Zip Code

75965-2239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diag Radiology of Nacogdo-  
ches

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

Transaction ID: 20010248

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1015.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Tracy Yanke

Mailing Address 11965 E Calle De Valle

City State Zip Code  
 Scottsdale AZ 85255-6905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rush-Presbyterian St Luke-  
s

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 7

Transaction ID: 20010273

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Bryan Yen

Mailing Address Vassar Brothers Hosp  
 45 Reade Pl

City State Zip Code  
 Poughkeepsie NY 12601-3990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA Imaging, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 9 / 2 0 0 7

Transaction ID: 20010276

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Matthew McAlister

Mailing Address 1223 Commerce Dr Ste 2

City State Zip Code  
 Mountain Home AR 72653-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099184

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Arthur Clark

Mailing Address 6323 E Gold Dust Ave

City State Zip Code  
 Scottsdale AZ 85253-1239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arizona Medical Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099185

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR W Zev Goldstein

Mailing Address Vassar Brothers Hospital  
 31 Reade Pl

City State Zip Code  
 Poughkeepsie NY 12601-3990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DRA Imaging, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Karence K. Chan

Mailing Address 28 Charity

City State Zip Code  
 Irvine CA 92612-3254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099194

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Brant-Zawadzki

Mailing Address Hoag Memorial Hospital  
Box 6100City State Zip Code  
Newport Beach CA 92658-6100FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates MeOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Iris Choo

Mailing Address 50 Renata

City State Zip Code  
Newport Coast CA 92657-1231FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates MeOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099197

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DR Jay Lichman

Mailing Address 610 Kings Rd

City State Zip Code  
Newport Beach CA 92663-5712FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
AssociatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Gerald Scidmore, JR

Mailing Address 11 Montecito Dr

City State Zip Code  
Corona Del Mar CA 92625-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099202

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Eugene Velling

Mailing Address 1601 Fuerte Ranch Road

City State Zip Code  
El Cajon CA 92019-3730

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099203

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Winston Whitney

Mailing Address 113 Laurent

City State Zip Code  
Newport Beach CA 92660-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099204

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

Gary M. Levine

Mailing Address 93 Emerald Bay

City State Zip Code  
Laguna Beach CA 92651-1252

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099205

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Miles Chang

Mailing Address Hoag Hospital  
1 Hoag Dr

City State Zip Code  
Newport Beach CA 92663-4162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099218

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Luke Cheung

Mailing Address 36 Plumeria

City State Zip Code  
Irvine CA 92620-1999

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099219

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Jason Bradley Cohen

Mailing Address 292 Ambrose

City	State	Zip Code
Newport Coast	CA	92657-0132

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Newport Harbor Radiology  
Medical GroupOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Transaction ID: 20099220

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

DR Peter Giuliano

Mailing Address 27 Amargosa

City	State	Zip Code
Irvine	CA	92602-2455

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Newport Harbor Radiology  
Associates MeOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Transaction ID: 20099221

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR John Lim

Mailing Address 22 Fecamp

City	State	Zip Code
Newport Coast	CA	92657-1047

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Newport Radiology Associa-  
tesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Transaction ID: 20099222

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Wallace Peck

Mailing Address 31 Mahogany Dr

City State Zip Code  
 Irvine CA 92620-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099231

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Michael Roossin

Mailing Address 9 Sea Shell

City State Zip Code  
 Newport Coast CA 92657-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Assoc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099232

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Richard Taketa

Mailing Address 225 Poinsettia Ave

City State Zip Code  
 Corona Del Mar CA 92625-3017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport Harbor Radiology  
Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099233

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Thuan Tran

Mailing Address 44 Capistrano

City State Zip Code  
 Irvine CA 92602-2421

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Radiology  
Associates Me

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20099234

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)

DR William Van Dalsem

Mailing Address 471 N Old Newport Blvd Ste 302

City State Zip Code  
 Newport Beach CA 92663-4244

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Newport Harbor Rad Assoc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: 20100123

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Ralph Wells

Mailing Address 1325 Saint Mary St

City State Zip Code  
 Jackson MS 39202-1849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Jackson Radiology Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168729

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Kathleen Ward

Mailing Address 13131 S Longwood Ct

City State Zip Code  
 Palos Park IL 60464-2184

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loyola University Physi-  
cian Foundation

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168732

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Rona Woldenberg

Mailing Address 6 Cove Ln

City State Zip Code  
 Great Neck NY 11024-1723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Ho-  
sp

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168733

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR Robert Bree

Mailing Address 4811 37th Ave SW

City State Zip Code  
 Seattle WA 98126-2723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Washington

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168734

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Alex Johnson  
Mailing Address 2309 Woodcliff Rd SE

City State Zip Code  
Huntsville AL 35801-1471

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology of Huntsville

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168735

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
DR Jeffrey Kugel  
Mailing Address 127 Ocean Ave

City State Zip Code  
Sorrento ME 04677-3301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Spectrum Medical Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168736

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Thomas Loflin  
Mailing Address 7408 Ashland Ln

City State Zip Code  
Birmingham AL 35242-2568

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Birmingham Radiological  
Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168753

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Subbarao Inampudi

Mailing Address 11571 Cedar Pass

City

Minnetonka

State

MN

Zip Code

55305-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Consulting Radiologists,  
Ltd.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168754

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Steven Teplick

Mailing Address Univ of South Alabama  
2451 Fillingim St 301 Mastin Bld

City

Mobile

State

AL

Zip Code

36617-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of South Alabama

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168756

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Michael Schiering

Mailing Address Radiology Associates  
1673 Mason Ave Ste 305

City

Daytona Beach

State

FL

Zip Code

32117-5516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Daytona Beach

Occupation

Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20168792

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Nancy Gregory

Mailing Address 17615 Stonebrook Dr

City	State	Zip Code
Northville	MI	48167-4328

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
William Beaumont HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20168793

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Lawrence Bigongiari

Mailing Address 23 Meadowview Dr

City	State	Zip Code
Texarkana	AR	71854-2433

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Medical Park HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20168795

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Timothy Murphy

Mailing Address 60 Intervale Rd

City	State	Zip Code
Providence	RI	02906-4842

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Rhode Island Medical Imag-  
ingOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20169048

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Daniel Starnes

Mailing Address 11 Abby Lynn Circle

City State Zip Code  
 Clarksville TN 37043-4066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20169087

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR Lori Deitte

Mailing Address 3907 Barcelona Ave

City State Zip Code  
 Jacksonville FL 32207-6056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Florida Jac-  
ksonville

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20169090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Christoph Wald

Mailing Address 345 Swallow Cave Rd

City State Zip Code  
 Nahant MA 01908-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lahey Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20169091

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Haas

Mailing Address Steinberg Diag Med Imaging  
2950 S Maryland Pkwy

City State Zip Code  
Las Vegas NV 89109-2257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steinberg Diag Med Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20170635

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Jean Weigert

Mailing Address 5 Nilas Way

City State Zip Code  
Simsbury CT 06070-2758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mendell & Bew MD's PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20170640

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Jacqueline Bello

Mailing Address Montefiore Medical Center  
111 E 210th St

City State Zip Code  
Bronx NY 10467-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montefiore Medical Center

Occupation  
Neuroradiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20170642

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Mark Adams

Mailing Address 12 Bordeaux Way

City	State	Zip Code
Fairport	NY	14450-4614

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of RochesterOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20175208

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR William Thorwarth, JRMailing Address Catawba Radiological Assoc  
PO Box 308

City	State	Zip Code
Hickory	NC	28603-0308

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Catawba Radiological Asso-  
ciatesOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20175214

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** DR Thomas Philbrick

Mailing Address 217 E Jones St

City	State	Zip Code
Savannah	GA	31401-4703

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Savannah RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20175890

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Bruce Hillman

Mailing Address Univ of Virginia  
PO Box 800170

City State Zip Code  
Charlottesville VA 22908-0170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Virginia

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20175892

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Cynthia Sherry

Mailing Address 6615 Glendora Ave

City State Zip Code  
Dallas TX 75230-5219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwest Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20175894

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
DR Daniel Singer

Mailing Address Naples Radiologists  
PO Box 7532

City State Zip Code  
Naples FL 34101-7532

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naples Radiology, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20175895

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Harry Knipp

Mailing Address 603 Earlton Ct

City State Zip Code  
 Reisterstown MD 21136-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20179775

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Dallas Lovelace, III

Mailing Address Regional Medical Ctr  
 3000 Saint Matthews Rd

City State Zip Code  
 Orangeburg SC 29118-1442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates, PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20180498

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR Gordon Beute

Mailing Address 6411 Wardell Ct

City State Zip Code  
 West Bloomfield MI 48324-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Health Care Systems

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20180500

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

980.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Timothy Farrell

Mailing Address 25 Westwind Dr

City State Zip Code  
Lemoyne PA 17043-1234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Quantum Imaging & Therape-  
utic Associat

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20180501

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR James Rawson

Mailing Address Medical College of Georgia  
1120 15th St BA1414

City State Zip Code  
Augusta GA 30912-0006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical College of Georgia

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20181031

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DR Daniel Marder

Mailing Address Washington Radiology Assoc  
2141 K St NW Ste 900

City State Zip Code  
Washington DC 20037-1810

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington Radiology Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20181032

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Christine Kurland		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address Borg Imaging Group LLP 125 Lattimore Rd		<b>Transaction ID:</b> 20181033	
City State Zip Code Rochester NY 14620-4159		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Borg Imaging Group LLP Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Robert Pyatt, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 1391 Hearthside Dr		<b>Transaction ID:</b> 20181034	
City State Zip Code Chambersburg PA 17201-3389		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Chambersburg Imaging Associates Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR D Lee Bennett		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 53 Alder Ct		<b>Transaction ID:</b> 20184540	
City State Zip Code Iowa City IA 52246-9409		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation University of Iowa Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Lynn Broderick

Mailing Address 7710 Welton Dr

City	State	Zip Code
Madison	WI	53719-3026

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of Wisconsin  
Medical FoundaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20184542

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
DR Kurt Tech

Mailing Address 84 Stephens Rd

City	State	Zip Code
Grosse Pointe Farm	MI	48236-3625

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
William Beaumont HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20184543

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR W Cloud

Mailing Address 10 Emma Pl

City	State	Zip Code
Suffield	CT	06078-2165

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RetiredOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	7

Transaction ID: 20188894

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 110

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Carl Kalbhen

Mailing Address 5728 Butler Ln

City

Long Grove

State

IL

Zip Code

60047-8243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20188895

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

DR Alan Kaye

Mailing Address Bridgeport Hospital  
267 Grant St

City

Bridgeport

State

CT

Zip Code

06610-2870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advanced Radiology Consul-  
tants

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20188896

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Raymond Bertino

Mailing Address OSF-St Francis Med Ctr  
530 NE Glen Oak Ave

City

Peoria

State

IL

Zip Code

61637-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Illinois Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20189284

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Victor Scarmato

Mailing Address 14 Valley Rd

City State Zip Code  
 Glen Cove NY 11542-1314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nassau University Medical  
Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20189285

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR George Binder

Mailing Address 401 Lakeshore Dr

City State Zip Code  
 Fayetteville NC 28305-5210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolina Regional Radiolo-  
gy

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20189287

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

DR John Olsen

Mailing Address Ohio State University Hospital  
 410 W 10th Ave

City State Zip Code  
 Columbus OH 43210-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio State University Hos-  
pital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20189677

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Philip Lund		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address Valley Radiologists 533 S 336th St Ste C		
City	State	Zip Code
Federal Way	WA	98003-6329
FEC ID number of contributing federal political committee.		Transaction ID: 20189678
Name of Employer Valley Radiologists		Amount of Each Receipt this Period 500.00
Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) DR Gail Morgan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 1511 40th Ave		
City	State	Zip Code
Seattle	WA	98122-3509
FEC ID number of contributing federal political committee.		Transaction ID: 20189680
Name of Employer Virginia Mason Medical Center		Amount of Each Receipt this Period 500.00
Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) DR Leonard Berlin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 518 Meadow Dr W		
City	State	Zip Code
Wilmette	IL	60091-2276
FEC ID number of contributing federal political committee.		Transaction ID: 20190029
Name of Employer Self-employed		Amount of Each Receipt this Period 500.00
Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Anthony Yudd

Mailing Address 12 Fairhill Rd

City State Zip Code  
 Westfield NJ 07090-4202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Grp of New Brun-  
swick

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20190032

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)

DR John DePersio

Mailing Address 657 Waverly Rd

City State Zip Code  
 La Porte IN 46350-2802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
La Porte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20191273

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)

DR Michael Korona, JR

Mailing Address 118 Laurel Crossing

City State Zip Code  
 Huntington WV 25705-2659

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20191274

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR R Nick Bryan

Mailing Address 316 S Front St

City State Zip Code  
 Philadelphia PA 19106-4310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of PA Med Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20191782

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR Kathryn Gardner

Mailing Address 7674 Brandon Rd

City State Zip Code  
 New Albany OH 43054-9006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Inc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20191783

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR William Hendrick, JR

Mailing Address 43 Clarks Chapel Rd

City State Zip Code  
 Nassau NY 12123-2609

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Community Care Physicians

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20192934

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Thomas Chang

Mailing Address 4 Old Timber Trl

City State Zip Code  
Pittsburgh PA 15238-2114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinstein Imagine Associa-  
tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20192936

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Anne Roberts

Mailing Address UCSD Med Ctr Thornton Hospital  
9300 Campus Point Dr

City State Zip Code  
La Jolla CA 92037-1398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSD Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20192937

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Irving Ehrlich

Mailing Address 1727 Cleveland Ave

City State Zip Code  
Wyomissing PA 19610-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JIT Winston Radiology Ass-  
ociates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193445

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Carl Sandler

Mailing Address UT MD Anderson Cancer Ctr  
1515 Holcombe Blvd

City State Zip Code  
Houston TX 77030-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Texas Houst-  
on

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193446

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Mandar Pattekar

Mailing Address 3121 W War Memorial Dr

City State Zip Code  
Peoria IL 61615-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Illinois Radiology  
Association

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Mitchell Goldman

Mailing Address North Shore University Hosp  
300 Community Dr

City State Zip Code  
Manhasset NY 11030-3876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore University Ho-  
sp

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193449

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Peter McCreight

Mailing Address 6366 Cardeno Dr

City State Zip Code  
 La Jolla CA 92037-6928

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
La Jolla Radiology Medical  
Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193825

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Richard Duszak, JR

Mailing Address Mid-South Imaging  
 6305 Humphreys Blvd Ste 205

City State Zip Code  
 Memphis TN 38120-2379

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mid South Imaging and Ter-  
apeutics

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193827

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Sanjay Shetty

Mailing Address 8 Whittier Pl Apt 15H

City State Zip Code  
 Boston MA 02114-1409

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts General Hos-  
pital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193828

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1865.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Bennett Greenspan

Mailing Address Univ of MO Med Ctr  
1 Hospital Dr

City State Zip Code  
Columbia MO 65212-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of MO Med Ctr

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193830

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** DR Vickie Massey

Mailing Address 805 W 51st St

City State Zip Code  
Kansas City MO 64112-2372

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kansas City Cancer Centers

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20193831

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Richard Benator

Mailing Address Florida Pediatric Assoc  
1033 Dr MLK Jr St N Ste 108

City State Zip Code  
Saint Petersburg FL 33701-1547

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Florida Pediatric Associa-  
tion

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20196264

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Richard Szucs

Mailing Address 3526 Crossings Way

City State Zip Code  
 Midlothian VA 23113-6348

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20196266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR George Belhobek

Mailing Address Cleveland Clinic Hospital  
 9500 Euclid Ave Rm A21

City State Zip Code  
 Cleveland OH 44195-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cleveland Clinic Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20196268

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Neil Davey

Mailing Address Gem State Radiology  
 877 W Main St Ste 603

City State Zip Code  
 Boise ID 83702-5858

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gem State Radiology

Occupation  
Diagnostic Radiology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20203807

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Raymond Tu  
Mailing Address 1539 27th St NW

City State Zip Code  
Washington DC 20007-3030

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Progressive Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20203808

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR John Niemeyer  
Mailing Address 1652 Mason Knoll Rd

City State Zip Code  
Saint Louis MO 63131-1219

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Midwest Radiological Asso-  
ciates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20203809

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Paul Gagliardi  
Mailing Address Maine General Medical Center  
149 North St

City State Zip Code  
Waterville ME 04901-4995

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mid Maine Radiology P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20204420

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Akshay Gupta

Mailing Address 5115 Fox Hollow Rd

City State Zip Code  
Eugene OR 97405-4009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20204421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Jeffrey Kempf

Mailing Address 4 Snowbird Ct

City State Zip Code  
Princeton Junction NJ 08550-3251

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
University Radiology Group,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20205584

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Maryellyn Gilfeather

Mailing Address 54 E Churchill Dr

City State Zip Code  
Salt Lake City UT 84103-2266

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Utah Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20205585

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Frederick Murphy

Mailing Address 2507 River Oak Dr

City State Zip Code  
 Decatur GA 30033-2813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory University Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20205587

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Mark Bernardy

Mailing Address 1031 Jimson Dr SE

City State Zip Code  
 Conyers GA 30013-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20206414

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Robert Rosengart

Mailing Address PO Box 26430

City State Zip Code  
 Macon GA 31221-6430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RAM, P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20206415

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Gregg Baran

Mailing Address 2130 Coffee Pot Blvd NE

City

Saint Petersburg

State

FL

Zip Code

33704-4650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Tampa

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20206416

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. DR James Halverson

Mailing Address 15256 Wild Wings

City

Minnetonka

State

MN

Zip Code

55345-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Park Nicollet Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20207812

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Mary Scanlon

Mailing Address 532 College Ave

City

Haverford

State

PA

Zip Code

19041-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PVAMC

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20207813

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1615.00

TOTAL This Period (last page this line number only) .....

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Milton J. Guiberteau

Mailing Address 1000 Uptown Park Blvd Apt 253

City State Zip Code  
Houston TX 77056-3243

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Radiology  
Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20207815

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

DR Richard Strax

Mailing Address 8719 Pasture View Ln

City State Zip Code  
Houston TX 77024-7040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Radiology  
Association

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20208811

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Harvey Wolkov

Mailing Address Radiation Oncology Center  
2800 L St Ste 10

City State Zip Code  
Sacramento CA 95816-5616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Assoc. of Sac-  
ramento Med C

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20208813

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

3250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Cassandra Foens

Mailing Address Covenant Cancer Treatment Ctr  
200 E Ridgeway Ave

City Waterloo State IA Zip Code 50702-5040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Clinical Radiologists PC

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20210602

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

**B.** DR James Borgstede

Mailing Address 1496 Vista Claridad

City La Jolla State CA Zip Code 92037-7839

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Colorado Springs Radiolog-  
ists

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20210603

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.** DR David Kushner

Mailing Address 2020 Canal Rd

City Virginia Beach State VA Zip Code 23451-1615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Medical Center Radiologis-  
ts

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20210604

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

5350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)

DR Joel Canter

Mailing Address 8 Shelly Hill Rd

City State Zip Code  
Stanfordville NY 12581-6062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dutchess Radiology Associ-  
ates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20210606

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)

DR R Terrell Frey

Mailing Address 8700 Deep run Ln

City State Zip Code  
Cincinnati OH 45243-1164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical X-Ray, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20210940

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)

DR Manuel Brown

Mailing Address Henry Ford Hospital  
2799 W Grand Blvd

City State Zip Code  
Detroit MI 48202-2689

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henry Ford Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20210941

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Barry D. Pressman

Mailing Address Cedars-Sinai Medical Center  
8700 Beverly Blvd Rm M313

City State Zip Code  
Los Angeles CA 90048-1869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars-Sinai Medical Cent-  
er

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211129

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DR Karsten Konerding

Mailing Address 205 Cyril Ln

City State Zip Code  
Richmond VA 23229-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Commonwealth Radiology,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211130

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DR Robert Tarver

Mailing Address 4575 S 800 W

City State Zip Code  
New Palestine IN 46163-9172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Univ. School of  
Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211131

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

2365.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Mark Yeh  
Mailing Address 330 Cordova St Unit 311

City State Zip Code  
Pasadena CA 91101-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hill Medical Corp.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211134

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Norman Thomson, III  
Mailing Address Radiology Assoc of Savannah PC  
105 Wheeler Ct Ste 203

City State Zip Code  
Savannah GA 31405-5717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Assoc of Savann-  
ah

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211391

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR Albert Blumberg  
Mailing Address Greater Baltimore Medical Ctr  
6701 N Charles St

City State Zip Code  
Baltimore MD 21204-6881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Baltimore Medical  
Ctr

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211392

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Howard Fleishon

Mailing Address 3690 E Camino Sin Nombre

City State Zip Code  
 Paradise Valley AZ 85253-5011

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Valley Radiologists LTD

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR John Rieke

Mailing Address 5001 88th Ave SE

City State Zip Code  
 Mercer Island WA 98040-4643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Multi Care Health System

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211394

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Burt Weyhing, III

Mailing Address 158 Kenwood Rd

City State Zip Code  
 Grosse Pointe Farm MI 48236-3522

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
L. Reynolds & Associates,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211395

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Charles Luttenton

Mailing Address 4100 Mahogany Way Ct NE

City State Zip Code  
 Grand Rapids MI 49525-9558

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advanced Radiology Services, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20211675

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Jeffrey Thomasson

Mailing Address 3 Brookside Ln

City State Zip Code  
 Saint Louis MO 63124-1814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
West County Radiological Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20212003

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR James Thrall

Mailing Address Massachusetts General Hospital  
 55 Fruit St

City State Zip Code  
 Boston MA 02114-2620

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Massachusetts General Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: 20212005

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Joseph Cernigliaro

Mailing Address 8206 Ashworth Ct

City State Zip Code  
Jacksonville FL 32256-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20212006

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)

DR James Fritz Schmutz

Mailing Address 2964 Balboa Dr

City State Zip Code  
Idaho Falls ID 83404-7498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Imaging Associates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20212008

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)

DR Gerald Mulligan

Mailing Address Marshfield Clinic  
1000 N Oak Ave

City State Zip Code  
Marshfield WI 54449-5702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshfield Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: 20212172

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 110

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR John Patti		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address North Shore Medical Center 81 Highland Ave		Transaction ID: 20212173
City Salem State MA Zip Code 01970-2714		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer John A. Patti, M.D., Inc.		Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) DR Amy Kotsenas		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7
Mailing Address 12524 Marsh Creek Dr		Transaction ID: 20212175
City Ponte Vedra Beach State FL Zip Code 32082-2123		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic		Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) DR Robert Monaco		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 13 Bretwood Dr N		Transaction ID: 20245672
City Colts Neck State NJ Zip Code 07722-2405		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed		Occupation Diagnostic Radiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Robert Gould

Mailing Address 10626 N Turnberry Dr

City

Mequon

State

WI

Zip Code

53092-6309

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Specialists of  
Milwaukee, S.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: 20245673

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Charles Dietz, JR

Mailing Address 469 Valleywood Circle

City

Golden Valley

State

MN

Zip Code

55422-5056

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ of Minnesota

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Donald Denny, JR

Mailing Address 76 Stetson Way

City

Princeton

State

NJ

Zip Code

08540-7310

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Princeton Radiology Assoc-  
iates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251273

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 110

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Ronald Cordell

Mailing Address Associated Radiologists Inc  
PO Box 11137City State Zip Code  
Charleston WV 25339-1137FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Radiologists,  
Inc.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Mark Bohlman

Mailing Address Johns Hopkins Bayview Med Ctr  
4940 Eastern AveCity State Zip Code  
Baltimore MD 21224-2735FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John HopkinsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937City State Zip Code  
Charlotte NC 28236-6937FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PAOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251288

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Marc MangerMailing Address Luke Air Force Base Hospital  
10645 N Tatum Blvd Ste 200 PMB 611City State Zip Code  
Phoenix AZ 85028-3090FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Luke Air Force Base Hospi-  
talOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251289

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** MR Gerald White, JR

Mailing Address 1411 N Weber St

City State Zip Code  
Colorado Springs CO 80907-7515FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Colorado Associates in Me-  
d. PhysicsOccupation  
Physicist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251290

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Dana Smetherman

Mailing Address 7 Richmond Pl

City State Zip Code  
New Orleans LA 70115-5019FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Ochsner ClinicOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251294

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Manuel Rose

Mailing Address 14334 Eagle Pointe Dr

City State Zip Code  
 Clearwater FL 33762-2214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rose Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251320

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Mark Luedke

Mailing Address 26 Hooper Hill Rd

City State Zip Code  
 New Boston NH 03070-3804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNHRC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251322

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR David Epstein

Mailing Address 3470 Windmill Ranch Rd

City State Zip Code  
 Weston FL 33331-3051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Hollywood

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251323

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Seungho Howard Lee

Mailing Address 162 Deer Run

City

Watchung

State

NJ

Zip Code

07069-5938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Radiologists,  
P.A.

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251897

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Thomas Seward

Mailing Address 222 Oxford Ave

City

Terrace Park

State

OH

Zip Code

45174-1151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251898

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR J Joshua Plorde

Mailing Address 11616 Mississippi Dr N

City

Champlin

State

MN

Zip Code

55316-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251899

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 110

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Mary TurnerMailing Address Med College of Va Hospitals  
Box 980615City State Zip Code  
Richmond VA 23298-0615FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Med College of Va Hospita-  
lsOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Michael Katz

Mailing Address 8769 Escondido Way E

City State Zip Code  
Boca Raton FL 33433-2512FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-EmployedOccupation  
Pediatric Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR David DiSantisMailing Address WFUBMC  
Medical Center DrCity State Zip Code  
Winston Salem NC 27157-0001FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Wake Forest Medical SchoolOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251904

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR James M. Moorefield

Mailing Address 1980 Maple Glen Rd

City State Zip Code  
 Sacramento CA 95864-1677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacramento Radiology Medi-  
cal Group, Inc

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251905

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Wilson Wong

Mailing Address 1419 San Carlos Rd

City State Zip Code  
 Arcadia CA 91006-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arcadia Radiology Medical  
Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251907

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Robert E. Laster, JR

Mailing Address 190 E Cherry Cir

City State Zip Code  
 Memphis TN 38117-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memphis Radiological P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251908

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David Eckmann

Mailing Address 45 S Deep Lake Rd

City	State	Zip Code
St Paul	MN	55127-6312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Paul RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Kathleen Barry

Mailing Address 1186 Buckingham Ave

City	State	Zip Code
Birmingham	MI	48009-5863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Beaumont HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251910

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Deborah Levine

Mailing Address Beth Israel-Deaconess Med Ctr  
330 Brookline Ave East Campus

City	State	Zip Code
Boston	MA	02215-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beth Israel-Deaconess Med  
CtrOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251911

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Gary Dillehay

Mailing Address Northwestern Mem Hosp  
251 E Huron St

City State Zip Code  
Chicago IL 60611-3197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwestern Medical Facu-  
lty Foundatio

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251912

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)

DR Michael Linver

Mailing Address 6504 Avenida La Cuchilla NW

City State Zip Code  
Albuquerque NM 87107-5637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
X-Ray Associates of N.M.,  
P.C.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20251916

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Edward Elliott

Mailing Address 4070 S Lake Ct

City State Zip Code  
Decatur IL 62521-8438

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Decatur Memorial Hospital

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253143

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Nicholas Carlevato

Mailing Address Great Basin Imaging  
2874 N Carson St Ste 300

City State Zip Code  
Carson City NV 89702-2830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tahoe Carson Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253144

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B.** DR Keith Fischer

Mailing Address 1 Lenox Pl

City State Zip Code  
Saint Louis MO 63108-1901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Washington University Med-  
ical Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253145

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Timothy Swan

Mailing Address 200 N Schmidt Ave

City State Zip Code  
Marshfield WI 54449-1735

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marshfield Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253146

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR M Thorsen		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7
Mailing Address 36829 Hollyhock Woods Dr		Transaction ID: 20253160
City Oconomowoc	State WI	Amount of Each Receipt this Period 250.00
Zip Code 53066-9460		
FEC ID number of contributing federal political committee. C		
Name of Employer Waukesha Memorial Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Patrick Juenemann		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7
Mailing Address 3211 Berwick Knls		Transaction ID: 20253161
City Brooklyn Park	State MN	Amount of Each Receipt this Period 1000.00
Zip Code 55443-1962		
FEC ID number of contributing federal political committee. C		
Name of Employer Suburban Radiologic Consultants	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Lee Hoagland		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7
Mailing Address 6488 Pebble Pointe Ct		Transaction ID: 20253163
City Newburgh	State IN	Amount of Each Receipt this Period 250.00
Zip Code 47630-9818		
FEC ID number of contributing federal political committee. C		
Name of Employer Evansville Radiology, P.C.	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Arthur SegalMailing Address Rochester General Hospital  
1425 Portland AveCity State Zip Code  
Rochester NY 14621-3095FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Rochester Radiology Assoc-  
iates, PCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20253164

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** DR Peter Saviteer

Mailing Address 418 Rollins Rd

City State Zip Code  
Hopkinton NH 03229-2659FEC ID number of contributing  
federal political committee.**C**Name of Employer  
X-Ray PA AssociationOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20253168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Michael J. SeiderMailing Address Summa Health System  
75 Arch St Ste 410City State Zip Code  
Akron OH 44304-1433FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cancer Care Ltd.Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20253179

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Barbara Reid		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7	
Mailing Address 1671 Federal Heights Dr		Transaction ID: 20253180	
City Salt Lake City	State UT	Zip Code 84103-4483	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Retired	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR H Alex Munitz		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7	
Mailing Address 1828 Courtyard Cir		Transaction ID: 20253185	
City Baltimore	State MD	Zip Code 21208-6363	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Radiology	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Richard Levine		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7	
Mailing Address St Johns Mercy Med Ctr 615 S New Ballas Rd		Transaction ID: 20253186	
City Saint Louis	State MO	Zip Code 63141-8221	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer West County Radiological Group	Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 110

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Dennis KayMailing Address Ochsner Medical Center  
1514 Jefferson HwyCity State Zip Code  
New Orleans LA 70121-2429FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Ochsner ClinicOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20253195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Arl Moore, JR

Mailing Address 1817 Craigmere Dr

City State Zip Code  
Charlotte NC 28226-6212FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Charlotte RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20253196

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Wesley Henry

Mailing Address 2278 Portside Way

City State Zip Code  
Charleston SC 29407-8231FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Roper HospitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253203

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

1615.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 110

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Loralie Ma		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 11605 Mirror Pond Ct		Transaction ID: 20253204	
City Fulton	State MD	Zip Code 20759-2305	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Radiology, P.A.		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Michael Braun		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 8022 N Gray Log Ln		Transaction ID: 20253205	
City Fox Point	State WI	Zip Code 53217-2953	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wisconsin Radiology Specialist		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Kate Feinstein		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address University of Chicago Hospital 5841 S Maryland Ave		Transaction ID: 20253206	
City Chicago	State IL	Zip Code 60637-1470	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Chicago Hospital		Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....

1365.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Hal Safrit		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 111 Oakstone Dr		<b>Transaction ID:</b> 20253213
City State Zip Code Chapel Hill NC 27514-9585		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Durham Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR James Tallman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 1054 Greymont Cir NW		<b>Transaction ID:</b> 20253217
City State Zip Code Marietta GA 30064-1330		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Quantum Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Richard Carlson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 7020 Kerry Rd		<b>Transaction ID:</b> 20253221
City State Zip Code Edina MN 55439-1746		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Suburban Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Alkis ZingasMailing Address Saint John Detroit Riverview Hosp  
7733 E Jefferson AveCity State Zip Code  
Detroit MI 48214-3707FEC ID number of contributing  
federal political committee.**C**Name of Employer  
S.E. RadiologyOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253222

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Loretta Lawrence

Mailing Address 62 Rockcrest Rd

City State Zip Code  
Manhasset NY 11030-3417FEC ID number of contributing  
federal political committee.**C**Name of Employer  
North Shore University Ho-  
spitalOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253223

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Mitchell Miller

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code  
Hoboken NJ 07030-6730FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Atlantic Radiologists PAOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253224

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR James Hevezi		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 7250 Pimlico Ln		Transaction ID: 20253226
City Fair Oaks Ranch	State TX	Amount of Each Receipt this Period 250.00
Zip Code 78015-4812		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physicist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>B.</b> Full Name (Last, First, Middle Initial) DR Elaine Lewis		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address Reading Hospital & Medical Ctr PO Box 16052		Transaction ID: 20253228
City Reading	State PA	Amount of Each Receipt this Period 1000.00
Zip Code 19612-6052		
FEC ID number of contributing federal political committee. C		
Name of Employer West Reading Radiology Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) DR Prabhakar Tripuraneni		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address Scripps Clinic MSB 1 10666 N Torrey Pines Rd		Transaction ID: 20253229
City La Jolla	State CA	Amount of Each Receipt this Period 365.00
Zip Code 92037-1092		
FEC ID number of contributing federal political committee. C		
Name of Employer Scripps Clinic Medical Group	Occupation Radiation Oncologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) .....

1615.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Tilden Childs, III  
 Mailing Address 2421 Colonial Pkwy

City State Zip Code  
 Fort Worth TX 76109-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Tarrant Co., P

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253232

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Wilbur Smith  
 Mailing Address Detroit Receiving Hospital  
 4201 Saint Antoine St Rm 3L8

City State Zip Code  
 Detroit MI 48201-2153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne State University

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253235

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
 DR William G. Bradley, JR  
 Mailing Address Univ of CA-San Diego Med Ctr  
 402 Dickinson St Ste 454

City State Zip Code  
 San Diego CA 92103-6902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of California  
San Diego

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253339

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Gregory KugelMailing Address Univ of Florida College of Medicin  
PO Box 100374

City Gainesville State FL Zip Code 32610-0374

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
University of FloridaOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253340

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Jerome Gehl

Mailing Address 33 Edgehill Rd

City Little Rock State AR Zip Code 72207-5461

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Associates P.A.Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253341

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** DR Robert HartungMailing Address Radiology Group  
1970 E 53rd St

City Davenport State IA Zip Code 52807-2710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Radiology Group, PC, SCOccupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253342

Amount of Each Receipt this Period

1050.00

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR John Hines

Mailing Address 210 Nassau Rd

City State Zip Code  
Huntington NY 11743-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Island Jewish Medical  
Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253356

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)

DR Stanley Ignatow

Mailing Address 546 Woodbrook Ln

City State Zip Code  
Cincinnati OH 45215-2513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Radiology,  
Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253357

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Matthew Pollack

Mailing Address 3780 Tiffany Dr

City State Zip Code  
Easton PA 18045-3041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warren Radiology Associat-  
es

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253360

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Sue Crook			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address Suburban Radiologic Consultants 4801 W 81st St Ste 108			<b>Transaction ID:</b> 20253361	
City State Zip Code Minneapolis MN 55437-1191			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Suburban Radiology		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR Robert Basarab			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 475 Buch Ave			<b>Transaction ID:</b> 20253441	
City State Zip Code Lancaster PA 17601-2907			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Lancaster Radiological Associates		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Patricia Martin			Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 1759 Creek View Dr			<b>Transaction ID:</b> 20253442	
City State Zip Code Fogelsville PA 18051-1716			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Med Imaging of Lehigh Valley		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Kevin Bannon

Mailing Address 1759 Creek View Dr

City State Zip Code  
 Fogelsville PA 18051-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Imaging of Lehigh  
Valley

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253443

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Ethan Tarasov

Mailing Address 65 Poor Farm Rd

City State Zip Code  
 Pennington NJ 08534-3802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Aff. of Central  
NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253444

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. DR Duane Mezwa

Mailing Address 3250 Quail Ridge Cir

City State Zip Code  
 Rochester Hills MI 48309-2728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Beaumont Hospital

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: 20253451

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

865.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR W Shawn Conwell  
Mailing Address 293 Piney Bluff Rd

City State Zip Code  
Rembert SC 29128-9630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pitts Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: 20266769

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
DR Charles Grimes  
Mailing Address 2 Park Cir

City State Zip Code  
Cape Elizabeth ME 04107-9682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Medical Group

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: 20266773

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Renee L. Cruea  
Mailing Address 2218 Aquia Dr.

City State Zip Code  
Stafford VA 22554-2529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Academy of Radiology Research

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: 20266800

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Bibb Allen, JR

Mailing Address 2000A Southbridge Pkwy Ste 300

City State Zip Code  
 Birmingham AL 35209-1327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montclair Baptist Medical  
Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: 20266801

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

DR Carol Andrews

Mailing Address 16752 Livorno Dr

City State Zip Code  
 Pacific Palisades CA 90272-3256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mink Radiologic Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: 20266822

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR William Way, JR

Mailing Address 7713 Oakmont PI

City State Zip Code  
 Raleigh NC 27615-5492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: 20266823

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional) .....

860.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Nancy A. Ellerbroek Mailing Address Providence Holy Cross Cancer Ctr 15031 Rinaldi St City Mission Hills State CA Zip Code 91345-1207 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7 <b>Transaction ID: 20266872</b> Amount of Each Receipt this Period 300.00
Name of Employer Valley Radiology Associates Occupation Radiation Oncologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mrs. Cynthia Moran Mailing Address 1701 Pennsylvania Ave. City Washington State DC Zip Code 20006-5805 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7 <b>Transaction ID: 20266875</b> Amount of Each Receipt this Period 250.00
Name of Employer American College of Radiology Occupation Assistant Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Paul Larson Mailing Address 110 Stoney Beach Rd City Oshkosh State WI Zip Code 54902-7243 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 0 / 2 0 0 7 <b>Transaction ID: 20266882</b> Amount of Each Receipt this Period 2500.00
Name of Employer Radiology Associates of Fox Valley Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

**SUBTOTAL** of Receipts This Page (optional) .....**3050.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Leroy Roberts, JR

Mailing Address Carolina Reg Radiology  
PO Box 87488

City Fayetteville State NC Zip Code 28304-7488

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolina Regional Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20266883

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR William Wolff

Mailing Address 40 Old Pond Rd

City Great Neck State NY Zip Code 11023-1031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20266884

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** DR Kimberly Applegate

Mailing Address 640 Morningside Ct

City Zionsville State IN Zip Code 46077-1901

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Riley Hospital for Children

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20266885

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Elizabeth Yung

Mailing Address 43 Compo Mill Cove

City

Westport

State

CT

Zip Code

06880-6612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winthrop University Hospi-  
tal

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267077

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Thomas Thompson

Mailing Address PO Box 1296

City

Dyersburg

State

TN

Zip Code

38025-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independent Radiology Ass-  
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267078

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR Mark Jones

Mailing Address 35 Beech Cir

City

Dyersburg

State

TN

Zip Code

38024-6561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independent Radiology Ass-  
ociates

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267079

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Ronald Hubball  
Mailing Address 11715 Mackey St

City State Zip Code  
Overland Park KS 66210-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hubball Radiology, Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267080

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
DR James Wolfe  
Mailing Address Independent Radiology Assoc  
PO Box 1296

City State Zip Code  
Dyersburg TN 38025-1296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independent Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267084

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
DR John Legan  
Mailing Address 1135 Hurricane Hill Rd

City State Zip Code  
Dyersburg TN 38024-6819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independent Radiology Ass-  
ociates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267085

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR Katharine Scharer  
 Mailing Address 2600 Royal View Ct

City State Zip Code  
 Oakland MI 48363-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rochester Radiologists

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267087

Amount of Each Receipt this Period

365.00

**B.** Full Name (Last, First, Middle Initial)  
 DR Jeffrey Creasy  
 Mailing Address Vanderbilt Univ  
 1161 21st Ave S

City State Zip Code  
 Nashville TN 37232-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Vanderbilt Univ Medical  
 Center

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267106

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Beverly Coleman  
 Mailing Address Univ of Pennsylvania Med Ctr  
 3400 Spruce St

City State Zip Code  
 Philadelphia PA 19104-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Hospital of the Univ of  
 PA

Occupation  
 Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267107

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Suzanne Smith

Mailing Address 150 W 56th St Apt 6901

City State Zip Code  
 New York NY 10019-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia University Medic-  
al Center

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267110

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. James P. Trotter, Jr.

Mailing Address PO Box 2787

City State Zip Code  
 Columbus GA 31902-2787

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Management Services Netwo-  
rk

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267115

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

DR Ronald Townsend

Mailing Address 5450 S Autumn Ct

City State Zip Code  
 Greenwood Village CO 80111-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of CO Health Sci Cen-  
ter

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 0 / 2 0 0 7

Transaction ID: 20267116

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Richard Satre

Mailing Address 728 134th St SW Ste 120

City State Zip Code  
 Everett WA 98204-5322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283746

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Bernard Masters, III

Mailing Address 6 Misty Ln

City State Zip Code  
 Greenville SC 29615-6048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Univ of South Car-  
olin

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283747

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Clifford Douglas Phillips

Mailing Address 4630 Mockernut Ln

City State Zip Code  
 Earlysville VA 22936-9699

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UVA Health Systems

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283748

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR David W. Weiss

Mailing Address 23 Saint Andrews Dr

City State Zip Code  
 Little Rock AR 72212-2908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Consultants

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283781

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Marie Taylor

Mailing Address Washington University  
 4921 Parkview Pl Box 8224

City State Zip Code  
 Saint Louis MO 63110-1032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wash Univ. School of Medi-  
cine

Occupation  
Radiation Oncologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283782

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DR Steven Miller

Mailing Address 23 Moffat Rd

City State Zip Code  
 Waban MA 02468-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newton Wellesley Hosp

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283783

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Michael Raskin

Mailing Address 144 N Sewalls Point Rd

City State Zip Code  
 Sewalls Point FL 34996-6502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Michael M. Raskin, P.A.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283784

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Paul Ellenbogen

Mailing Address 6612 Cliffbrook Dr

City State Zip Code  
 Dallas TX 75254-8613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Imaging & Inter-  
ven specialis

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283790

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR Mark Yuhasz

Mailing Address 3203 Horsehead Bay Dr NW

City State Zip Code  
 Gig Harbor WA 98335-5854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tacoma Radiology Associat-  
es

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283791

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Shane Kraske

Mailing Address 37 Columbine Ct

City

Iowa City

State

IA

Zip Code

52246-8716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiologic Medical Servic-  
es, Coralvill

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** DR Andrew Beloni

Mailing Address 5624 Laurium Rd

City

Charlotte

State

NC

Zip Code

28226-5610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283838

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C.** DR David Buck

Mailing Address 144 Penhurst Dr

City

Pittsburgh

State

PA

Zip Code

15235-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greensburg X-Ray Associat-  
es

Occupation

Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283839

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional) .....

325.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR David Marcantonio

Mailing Address William Beaumont Hosp  
3601 W 13 Mile Rd

City State Zip Code  
Royal Oak MI 48073-6769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Georgia West Imaging

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283840

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DR Kent Lancaster

Mailing Address Radiology Associates of Berrien  
416 State St Ste A

City State Zip Code  
Saint Joseph MI 49085-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Associates of  
Berrie

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283903

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C.** DR Lonnie Simmons

Mailing Address Gundersen Lutheran Clinic  
1900 South Ave

City State Zip Code  
La Crosse WI 54601-5494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Gundersen Lutheran Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283904

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

183.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Terry Martin

Mailing Address Rad Assoc of Birmingham PC  
2090 Columbiana Rd Ste 4400

City State Zip Code  
Birmingham AL 35216-2152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Rad Assoc of Birmingham  
PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20283906

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DR Daniel Cohen

Mailing Address 1480 Brookfield Road

City State Zip Code  
Yardley PA 19067-3930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Radiology Affiliates of  
Central NJ

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284017

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C.** DR James Eisenberg

Mailing Address The Defiance Clinic  
1400 E 2nd St

City State Zip Code  
Defiance OH 43512-2494

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Defiance Clinic

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284026

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Eric Sax

Mailing Address 9 Old Sudbury Rd

City State Zip Code  
 Lincoln MA 01773-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Imaging Institute

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284029

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. DR Jorge Albin

Mailing Address 645 Mulberry Ln

City State Zip Code  
 Bellaire TX 77401-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Radiology Assoc-  
iates

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284030

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. DR Edward Black

Mailing Address Charlotte Radiology PA  
 PO Box 36937

City State Zip Code  
 Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284032

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

167.01

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 110

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Joseph Lurito Mailing Address Eastern Radiologists 9 Doctors Park City Greenville State NC Zip Code 27834-2801 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Transaction ID: 20284033</b> Amount of Each Receipt this Period 50.00
Name of Employer Eastern Radiologists Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) DR H E. Longmaid, III Mailing Address 52 Harwich Rd City Chestnut Hill State MA Zip Code 02467-3023 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Transaction ID: 20284034</b> Amount of Each Receipt this Period 41.67
Name of Employer Deaconess Hospital Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.67		
<b>C.</b> Full Name (Last, First, Middle Initial) DR Demetrius Morros Mailing Address 1045 Lake Colony Ln City Birmingham State AL Zip Code 35242-7402 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Transaction ID: 20284035</b> Amount of Each Receipt this Period 83.34
Name of Employer Birmingham Radiological Group P.C. Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70		

**SUBTOTAL** of Receipts This Page (optional) .....

175.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Robert Mittl, JR

Mailing Address 4733 Coburn Court

City State Zip Code  
 Charlotte NC 28277-2593

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284043

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. DR Joel Swartz

Mailing Address 1210 Page Ter

City State Zip Code  
 Villanova PA 19085-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20284044

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Marcela Bohm-Velez

Mailing Address Weinstein Imaging Associates  
 5850 Centre Ave

City State Zip Code  
 Pittsburgh PA 15206-3780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weinstein Imaging Associa-  
 tes

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287048

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional) .....

248.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
DR Raja Cheruvu  
Mailing Address 165 Via Foresta Ln

City State Zip Code  
 Williamsville NY 14221-1984

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baylor College of Medicine

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287049

Amount of Each Receipt this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
DR Michael Brannon  
Mailing Address 7 Foxglove Ct

City State Zip Code  
 Greenville SC 29615-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287051

Amount of Each Receipt this Period

42.00

**C.** Full Name (Last, First, Middle Initial)  
DR Elizabeth D'Angelo  
Mailing Address 108 Bur Ben Ln

City State Zip Code  
 New Bern NC 28560-7520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coastal Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287052

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

192.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** DR Robert Newman

Mailing Address 913 Southview PI NE

City State Zip Code  
 Lenoir NC 28645-3755

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lenoir Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287063

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.** DR Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code  
 Monroe NC 28110-8408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287064

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C.** DR Alfred Mansour, JR

Mailing Address Central LA Imaging Inc  
 3704 North Blvd Ste A

City State Zip Code  
 Alexandria LA 71301-3606

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central LA Imaging Inc.

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287073

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional) .....

175.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 110

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) DR Varian C. Scott, III		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address Radiology Assoc of Birmingham PC 2090 Columbiana Rd Ste 4400		<b>Transaction ID:</b> 20287074	
City Birmingham State AL Zip Code 35216-2152		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Assoc of Birmingham Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			
<b>B.</b> Full Name (Last, First, Middle Initial) DR Arthur Sandy		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 2821 Argyle Rd		<b>Transaction ID:</b> 20287145	
City Birmingham State AL Zip Code 35213-3403		Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 425.00			
<b>C.</b> Full Name (Last, First, Middle Initial) DR Gerald Dodd, III		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address Univ of Texas Hlth Sci Ctr 7703 Floyd Curl Dr		<b>Transaction ID:</b> 20287154	
City San Antonio State TX Zip Code 78229-3901		Amount of Each Receipt this Period 83.34	
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Texas Hlth Sci Ctr Occupation Diagnostic Radiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70			

**SUBTOTAL** of Receipts This Page (optional) .....

218.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Christopher Ullrich

Mailing Address Charlotte Radiology PA  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology PA

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287829

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR William Way, JR

Mailing Address 7713 Oakmont PI

City State Zip Code  
Raleigh NC 27615-5492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287833

Amount of Each Receipt this Period

40.00

C. Full Name (Last, First, Middle Initial)

DR Fred Lassiter

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287834

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional) .....

124.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Daniel Schwarz

Mailing Address Charlotte Radiology  
PO Box 36937

City State Zip Code  
Charlotte NC 28236-6937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20287836

Amount of Each Receipt this Period

42.00

B. Full Name (Last, First, Middle Initial)

DR Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code  
Charlotte NC 28211-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charlotte Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20288081

Amount of Each Receipt this Period

42.00

C. Full Name (Last, First, Middle Initial)

DR Susan Mulligan

Mailing Address 1088 Lullwater Rd NE

City State Zip Code  
Atlanta GA 30307-1244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates of  
Birmingham

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: 20288083

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

134.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

American College of Radiology Association

**A.** Full Name (Last, First, Middle Initial)  
 DR John Rogers  
 Mailing Address 802 West Gap Creek Road

City State Zip Code  
 Greer SC 29651-5065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 20288087

Amount of Each Receipt this Period

42.00

**B.** Full Name (Last, First, Middle Initial)  
 DR James Jelinek  
 Mailing Address Washington Hospital Center  
 110 Irving St NW BA94

City State Zip Code  
 Washington DC 20010-2975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 5 / 2 0 0 7

Transaction ID: 20307493

Amount of Each Receipt this Period

45.00

**C.** Full Name (Last, First, Middle Initial)  
 DR Steven Brick  
 Mailing Address 8314 Snug Hill Ln

City State Zip Code  
 Potomac MD 20854-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie,  
& Merritt, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307531

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

A. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
 Bethesda MD 20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rritt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307532

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. DR Steven Brick

Mailing Address 8314 Snug Hill Ln

City State Zip Code  
 Potomac MD 20854-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie,  
& Merritt, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307533

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
 Bethesda MD 20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rritt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307534

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

A. Full Name (Last, First, Middle Initial)

DR Steven Brick

Mailing Address 8314 Snug Hill Ln

City State Zip Code  
 Potomac MD 20854-4057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie,  
& Merritt, PC

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307918

Amount of Each Receipt this Period

40.00

B. Full Name (Last, First, Middle Initial)

DR Robert Paley

Mailing Address 2840 McGill Terr NW

City State Zip Code  
 Washington DC 20008-2748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs. Groover, Christie and  
Merritt

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307919

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)

DR Janet Storella

Mailing Address 6515 Fallwind Ln

City State Zip Code  
 Bethesda MD 20817-4941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Drs Grover, Christie & Me-  
rriott

Occupation  
Diagnostic Radiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 6 / 2 0 0 7

Transaction ID: 20307920

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

115560.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 99 / 110

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

<b>A.</b> Full Name (Last, First, Middle Initial) Vanguard		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
Mailing Address PO Box 13750		<b>Transaction ID:</b> 20444616																					
City Philadelphia	State PA	Zip Code 19101	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1089.36</td> </tr> </table>	1089.36																			
1089.36																							
FEC ID number of contributing federal political committee. C		Interest																					
Name of Employer	Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">5245.78</td> </tr> </table>			5245.78																			
5245.78																							

**SUBTOTAL** of Receipts This Page (optional) .....

1089.36

**TOTAL** This Period (last page this line number only) .....

1089.36

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Rep. Anna G. Eshoo

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 14

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19880398

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
Sen. Gordon Smith

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OR District: 2

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19788693

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Rahm Emanuel

Mailing Address P.O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement

Candidate Name  
Rep. Rahm Emanuel

Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 5

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19788689

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Rehberg For Congress

Mailing Address P.O. Box 1597

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Dennis Rehberg

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT

District: 1

Transaction ID: 19856581

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Kind For Congress Committee

Mailing Address 205 South 5th Ave  
Suite 428

City  
La Crosse

State  
WI

Zip Code  
54601

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Ron Kind

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 3

Transaction ID: 19796108

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Stupak For Congress

Mailing Address 817 Ninth Avenue P.O. Box 156  
PO Box 143

City  
Menominee

State  
MI

Zip Code  
49858

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Bart Stupak

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 1

Transaction ID: 19983619

Date of Disbursement

05 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Michael Burgess For Congress

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Michael C. Burgess, M.D.

Office Sought:

☒ House

☐ Senate

☐ President

State: TX

District: 26

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 19788737

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B.** Michael Burgess For Congress

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Michael C. Burgess, M.D.

Office Sought:

☒ House

☐ Senate

☐ President

State: TX

District: 26

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 19788738

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Great Plains Leadership Fund

Mailing Address 818 Connecticut Ave. NW #1100  
Suite 1100

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 20008652

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. John S. Tanner

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 8

**Transaction ID: 20008615**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Mike Pence Committee

Mailing Address P. O. Box 408

City State Zip Code  
Anderson IN 46015

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Michael Pence

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 6

**Transaction ID: 20098866**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** New Republican Majority Fund

Mailing Address 201 North Union Street Suite 530

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 19788754**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Earl Pomeroy For Congress

Mailing Address P.O. Box 9336

City  
Fargo

State  
ND

Zip Code  
58106

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Earl Pomeroy

Office Sought:

☒

House

☐

Senate

☐

President

State: ND

District: 1

Disbursement For:

2008

☐

Primary

☒

General

☐

Other (specify) ▼

Transaction ID: 20008609

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Whitfield For Congress Committee

Mailing Address P.O. Box 391

City  
Hopkinsville

State  
KY

Zip Code  
42241

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Edward Whitfield

Office Sought:

☒

House

☐

Senate

☐

President

State: KY

District: 1

Disbursement For:

2008

☒

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 20008622

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** CAMPAC

Mailing Address 5915 Eastman Avenue  
Suite 100

City  
Midland

State  
MI

Zip Code  
48640

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 20098868

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Boyd For Congress

Mailing Address P.O. Box 15703

City  
Tallahassee

State  
FL

Zip Code  
32317

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. F Allen Boyd

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 2

Transaction ID: 19788742

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Team Sununu

Mailing Address PO Box 500

City  
Rye

State  
NH

Zip Code  
03870

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. John E. Sununu

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH

District: 2

Transaction ID: 19788745

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C.** Pallone For Congress

Mailing Address PO Box 3176

City  
Long Branch

State  
NJ

Zip Code  
07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Frank Pallone, Jr.

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 6

Transaction ID: 20098854

Date of Disbursement

05 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City  
Little Rock

State  
AR

Zip Code  
72203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Blanche Lambert Lincoln

Office Sought:

☐ House

☒ Senate

☐ President

State: AR

District: 1

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 20008305

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B.** Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City  
Little Rock

State  
AR

Zip Code  
72203

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Blanche Lambert Lincoln

Office Sought:

☐ House

☒ Senate

☐ President

State: AR

District: 1

Disbursement For:

2010

☒ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 20098852

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Carolyn McCarthy

Office Sought:

☒ House

☐ Senate

☐ President

State: NY

District: 4

Disbursement For:

2008

☐ Primary

☒ General

☐ Other (specify) ▼

Transaction ID: 19856583

Date of Disbursement

05 / 22 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A. CAPPAC**

Mailing Address 38 IVY ST SE

City  
WASHINGTONState  
DCZip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 19856584

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	7

Amount of Each Disbursement this Period

5000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

**B. Citizens For Arlen Specter**

Mailing Address 255 South 17th Street Suite 603

City  
PhiladelphiaState  
PAZip Code  
19103

Purpose of Disbursement

Candidate Name  
Sen. Arlen SpecterOffice Sought: ☐ House  
☒ Senate  
☐ President

State: PA District: 1

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 19984595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/ Type

Full Name (Last, First, Middle Initial)

**C. Cubin For Congress Inc**Mailing Address Post Office Box 4657  
P O Box 4657City  
CasperState  
WYZip Code  
82604

Purpose of Disbursement

Candidate Name  
Rep. Barbara CubinOffice Sought: ☒ House  
☐ Senate  
☐ President

State: WY District: 1

Disbursement For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 20098856

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	0	7

Amount of Each Disbursement this Period

3000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

## **A. Pete Sessions For Congress 2006**

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Pete Sessions

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 20008516

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Friends Of Dave Weldon**

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. Dave Weldon, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 19788748

Date of Disbursement

05 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Matheson For Congress**

Mailing Address 677 South 200 West  
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Rep. James D. Matheson

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 20117004

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Friends Of Lois Capps

Mailing Address PO Box 23940

City  
Santa Barbara

State  
CA

Zip Code  
93121

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

**Transaction ID: 19983613**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Charlie Dent For Congress

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105

Purpose of Disbursement

**011**  
Category/  
Type

Candidate Name  
Rep. Charles W. Dent

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

**Transaction ID: 20100814**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7000.00

**TOTAL** This Period (last page this line number only) ..... ►

61500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 110 / 110

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Radiology Association

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 27025

City  
Richmond

State  
VA

Zip Code  
23261-7025

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: 20444615

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4708.23

Bank Fees

**SUBTOTAL** of Disbursements This Page (optional) .....

4708.23

**TOTAL** This Period (last page this line number only) .....

4708.23